Why is a Provider Profile Important?

Provider profiles are a fundamental aspect of CMGA. The following examples demonstrate how you can use your data in CMGA to answer the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Corresponding CMGA Action</th>
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</thead>
<tbody>
<tr>
<td>How do I evaluate trends in my patient volume? How many wRVUs do I generate on a monthly basis?</td>
<td>View Encounter Volume and Work Relative Value Units (wRVU) on your profile page</td>
</tr>
<tr>
<td>What might impact my trends in patient volume?</td>
<td>Examine variances within Patient Access under the Patients tab</td>
</tr>
<tr>
<td>How does my procedure mix differ from my peers?</td>
<td>Investigate variances in CPT code utilization on your profile page and under the Coding Variance tab</td>
</tr>
<tr>
<td>Are my patients older and sicker compared to my peers’ patient panels?</td>
<td>View and compare trends in patient demographics, ages, and diagnoses under the Patients tab</td>
</tr>
<tr>
<td>Where do my patients originate from?</td>
<td>Explore patient location by zip codes on an interactive heat map under the Patients tab</td>
</tr>
</tbody>
</table>

Provider Profile Tabs Glossary of Terms

- **Profile**
  View a summary of your total wRVU, encounters, coding, and additional practice details

- **Patients**
  View your patient access metrics and patient panel information, including demographics and diagnoses

- **Transaction Viewer**
  View transaction level detail of a patient encounter, including patient name, charges, payments, CPT codes, diagnoses codes, and payer type

- **Opportunity Calculator**
  Calculate annualized impact of changes made to your volume and coding, modeled on the last 12 months of data

- **CMS E/M**
  Compare your coding distribution to CMS benchmarks by primary specialty

- **Coding Variance**
  Review trends and patterns in CPT utilization by both the count of charges and total wRVU, and model the impact of change if your CPT code utilization distribution were to match that of your peer group
Understanding the Provider Profile

Four Key Components to Analyzing Performance Metrics

1. Current Focus Bar
   Allows you to customize and filter Crimson data in order to set it in proper context. Always double check your Current Focus Bar settings.

2. FTE Key
   Displays your clinical FTE for the time period selected and your comparison group, in aggregate, scaled to your FTE.

3. Cohort Benchmark Measures Bar
   Allows you to activate national benchmarks within different specialties.

4. Performance Metric
   Displays several data points based on the settings you have entered into the Current Focus Bar, the FTE Key, and the Cohort Benchmark Measures Bar.

Analyzing a Performance Metric

A Closer Look at the Current Focus Bar

Click here to change the Date Range

Click here to change the Date Type

Click here to change the Comparison Group

For example, click on the bubble associated with date type to switch from viewing metrics by Charge Post Date to viewing by Date of Service:
Understanding the Provider Profile
Deep Dive into the Performance Metric Window

**Metric name or description**
Your performance value for the date range listed in the Current Focus Bar. Click to drill down into more detail
Some metrics have links built in that take you to a relevant tool
Color-coded in red, the percentile thermometer on the right ranks the provider compared to the CMGA national cohort benchmark

**Internal comparison group average performance value (Reference the Current Focus Bar and FTE key)**
CMGA national cohort average performance value (Reference the Cohort Benchmark Measures bar)
The mini 24-month trend line shows historical month-by-month variances. Click to expand.
Blue = Subject Value
Grey = Internal Comparison
Red = CMGA National Cohort Benchmark

The percentile thermometer on the left ranks the provider among their internal peer group as set in the Current Focus Bar.

Leveraging Crimson Benchmarks
Benchmarks Integrated into Provider Profiles

What You Need to Know About Crimson Cohort Benchmarks
- 12-month cohort average, with more than 110 organizations included
- FTE adjusted and specialty specific
- Aggregated using intensive QA process (not reported annually)
Limited Time, Unlimited Questions: **Suggested Metrics** to Review Your Profile

We know your schedule is busy, and you have limited time to analyze performance. Let Crimson Medical Group Advantage help you monitor performance trends. We recommend logging into Crimson Medical Group Advantage **monthly** to review the metrics listed below in order to gain a deeper understanding of your practice. These metrics will allow you to easily and effectively understand your own data by comparing your trends over time, as well as to your relative peers and benchmarks.

### Operations

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<tr>
<th>Metric</th>
<th>Suggested Use</th>
<th>Definition</th>
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<tr>
<td>wRVUs</td>
<td>Leverage this metric to compare your overall productivity to your internal and external peers. Drill into CPT code utilization within this metric to better understand your practice patterns.</td>
<td>Work relative value units assigned to charges generated by a provider for encounters, procedures, and other types of work performed. Calculated using the provider’s charge data and automatically assigned the appropriate value based on the CPT code and modifier combination from annual CMS wRVU schedules. The date range and CMS wRVU schedule can be applied using the Current Focus Bar at the top of each profile page.</td>
</tr>
<tr>
<td>Crimson Encounters</td>
<td>Employ Crimson Encounters to measure your patient volumes against internal and external peers. Understand the types of encounters being preformed by drilling into this metric.</td>
<td>Standardized measure of encounters across the cohort, encompassing all facets of a patient encounter, including office visits, facility visits, surgeries/procedures, and other encounters.</td>
</tr>
<tr>
<td>Average E/M Levels (Specifically Office Visits – Established)</td>
<td>Utilize coding functionality to identify variances between the your coding pattern, and the coding patterns of internal, cohort, and CMS peers. The coding metrics will allow you to identify opportunities and mitigate audit risk.</td>
<td>Average coding level per encounter for established patient office visits (CPT codes 99211-99215). Similar calculation for groups, with the average being done across all members of the group.</td>
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### Access to Care

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<tr>
<td>Average Time to Appointment (New and Established Patients)</td>
<td>Analyze patient scheduling trends through peer comparison and analysis of Appointment Aging. “Same Day” and “1 – 7 Day” accommodation help you understand patient scheduling patterns. The “Appointment Type” breakout provides insight into scheduling patterns.</td>
<td>Average time (in days) between when appointments are scheduled and when they occur by appointment type.</td>
</tr>
<tr>
<td>Appointment Status: Cancellations No Shows</td>
<td>Gain insight into booking patterns via peer comparison of the appointment status percentages. Understand front desk scheduler workflow by reviewing “Reasons”. Understand provider preferences by reviewing “Day of Week” and “Appointment Types”.</td>
<td>Cancellations: Percentage of total appointments for a given provider/location/group that ended up in “Cancelled” status. No Shows: Percentage of total appointments for a given provider/location/group that ended up in “No Show” status.</td>
</tr>
<tr>
<td>Scheduled Appointment Duration</td>
<td>Analyze your scheduling patterns by peer comparison of appointment length. Compare differences in scheduling practices by drilling into duration by patient type.</td>
<td>Average length, in minutes, of scheduled appointments for a given provider/location/group.</td>
</tr>
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</table>

### Patient Panel

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<td>Unique Patients</td>
<td>Evaluate your patient panel size for the time period set in the Current Focus Bar and compare to your internal peers.</td>
<td>For individual providers, a total of all the unique patients the provider saw during the focus date range. For groups, the number of unique patients for all providers in the group are totaled and then divided by the number of providers in the group to calculate the average unique patients per provider during the focus period.</td>
</tr>
<tr>
<td>Percentage New Patients (Office Visits)</td>
<td>Gain insight into the growth of your practice and compare trends to your internal and external peers.</td>
<td>For individual providers, the percentage of all encounters that fall into the category of “Office Visits – New”. The number of encounters that fall into this category are added together and divided by the total number of Office Visits. For groups, the total number of “Office Visits – New” for all providers in the group are totaled and then divided by the number of Office Visits for all members of the group to get the average.</td>
</tr>
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